

Memorandum



Date:

To: Arleene Cuellar, Director
Human Resources

From: NAME: _____

ID # _____

Subject: APPEAL REQUEST

Please be advised that I wish to request an appeal hearing for the following action:

CHECK THE APPROPRIATE BOX:

DATE OF ACTION

- | | | | |
|--------------------------|----|---|-------|
| <input type="checkbox"/> | 1. | Disciplinary Action 2.47 | _____ |
| | | <input type="checkbox"/> a. Suspension (length) _____ | |
| | | <input type="checkbox"/> b. Demotion | |
| | | <input type="checkbox"/> c. Dismissal | |
| <input type="checkbox"/> | 2. | Performance Evaluation | _____ |
| <input type="checkbox"/> | 3. | Disability Denial | _____ |
| <input type="checkbox"/> | 4. | Classification Action | _____ |
| <input type="checkbox"/> | 5. | Job Abandonment | _____ |
| <input type="checkbox"/> | 6. | Career Service Grievance | _____ |
| <input type="checkbox"/> | 7. | Employee Protection Ordinance | _____ |
| <input type="checkbox"/> | 8. | Name Clearing Hearing | _____ |

You may contact me at the following address and telephone number:

Street

City, State, Zip

Phone